

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016342

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280

Primary Registration District No.

Registrar's No. 31

FILED APR 19 1962

VS 300
Rev. 4/5910830
20830

3

4 0

5 1

6

7 1

8 2

9 X

10

11083

1291-3

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

PLATTE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN RIVERSIDE

Length of stay in 1b

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION HIGHWAY
M-45 AND U.S. 71

Inside Limits

Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY PLATTE

c. CITY OR TOWN PARKVILLE

Inside Limits

Yes X No

d. STREET ADDRESS (If outside, give location)

7018 NORTH M-9 Hi-Way

Reside on Farm

Yes No X

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

PAUL

Holden

SPOTTS

4. DATE OF DEATH

Month

Day

Year

APRIL- 9- 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married

Widowed

Divorced

8. DATE OF BIRTH

11-2-19

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAINTENANCE ELECTRICIAN - Delco-Remy

10b. KIND OF BUSINESS OR INDUSTRY

KNOXVILLE, TENN.

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John H. SPOTTS

13b. MOTHER'S MAIDEN NAME

Ida E. JOHNSON

14. NAME OF HUSBAND OR WIFE

ESTHER E. SPOTTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES W.W.II

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

ESTHER E. SPOTTS

Address

PARKVILLE MO. 7018 NO. M-9-Hi-WAY

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CRUSHED CHEST

INTERVAL BETWEEN ONSET AND DEATH

INST.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ACCIDENT

AUTO ACCIDENT

20c. TIME OF INJURY

Hour s.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

X

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HIGHWAY

20f. CITY, TOWN, OR LOCATION

RIVERSIDE

COUNTY

PLATTE

STATE

MO.

21. I attended the deceased from _____, to _____, and last saw him alive on _____.

Death occurred at APPROX. 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Roland M. Gifford, Coroner

22b. ADDRESS

Platte City, Mo.

22c. DATE SIGNED

2-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-13-62

23c. NAME OF CEMETERY OR CREMATORY

WHITE CHAPEL Cem.

23d. LOCATION (City, town, or county)

GLADSTONE, MO.

(State)

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS - KANSAS CITY

ADDRESS

NORTH

25. DATE RECD. BY LOCAL REG.

April 11, 1962

26. REGISTRAR'S SIGNATURE

Bephie Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 23 1962
APR 24 1962

APR 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Marvin D. Preston

Licensed Embalmer No. 5040

P.O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.